

SUBSTANCE ABUSE: ALCOHOL AND OTHER DRUG (AOD) DISORDERS

Clinical Overview: Substance Abuse

- The American Society of Addiction Medicine (ASAM) estimates that over two-thirds of patients with addictions see primary care or urgent care physicians every six months. Thus, physicians have an opportunity to detect and intervene in cases of substance abuse.
- Early detection and intervention are critical to diminishing the duration and prevalence of these conditions.
- CAGE is a well-known four-question screening tool for alcohol abuse. A version of the CAGE, CAGE-AID, can be used to screen for drug abuse.
- ASAM recommends that all patients be screened for AOD disorders.
- If you have a patient who you feel may have an AOD, please refer him/her to HIP Behavioral Health Services (1-888-447-2526).
- In addition to screening and referring, it is important for physicians to encourage their patients to stay in treatment.

Clinical Snapshot: Substance Abuse

- Brief “snapshot” of a substance abusing patient’s presentation:
 - Social or occupational problems.
 - Change in school or job performance.
 - Medical problems associated with substance abuse (e.g., liver disease, gastrointestinal problems).
 - Traumatic injuries.
 - Missed appointments.
 - Reduction in social, occupational or recreational activities.
 - Legal problems.
 - Family is concerned about patient’s substance use.
 - Depression, anxiety, sleep problems.
 - Family history of substance abuse.

Facts about AOD Disorders

- There are more deaths, illnesses and disabilities from substance abuse than from any other preventable health condition.
- AOD disorders are associated with poorer medical treatment adherence and outcome.
- AOD disorders are progressive conditions. Early detection and intervention are critical to diminishing the duration and prevalence of these conditions.
- Additional information on alcohol and substance abuse is available to patients and clinicians in the behavioral health section of the HIP Web site, hipusa.com.

How to Identify and Diagnose AOD Disorders

■ Screening Tools

- The **CAGE** is a brief, well-known screening tool used to assess for alcohol misuse. “CAGE” is a mnemonic device that can be used to remember the four screening questions.
 - Have you ever felt you ought to **C**ut down on your drinking?
 - Have people **A**nnoyed you by criticizing your drinking?
 - Have you ever felt **G**uilty about your drinking?
 - Have you ever had a drink first thing in the morning as an **E**ye-opener?

Scoring: “Yes” to 2 questions – strong indication for alcoholism.

“Yes” to 3 questions – confirms alcoholism.

- **CAGE – AID** is an adaptation of **CAGE** used to screen for drug abuse:
 - Have you ever felt you ought to **C**ut down on your drug use?
 - Have people **A**nnoyed you by criticizing your drug use?
 - Have you ever felt **G**uilty about your drug use?
 - Have you ever used drugs first thing in the morning to steady your nerves or to get rid of a hangover (**E**ye-opener)?

Scoring: A “yes” answer to any of these questions is likely to indicate drug abuse and should spur further investigation.

■ DSM-IV Criteria

- AOD disorders are diagnosed as either dependence or abuse. Both abuse and dependence involve a maladaptive pattern of substance use, leading to clinically significant impairment or distress.

- A diagnosis of *substance abuse* is indicated when at least one of the following occurs at any time within the same 12-month period:
 - Recurrent substance use resulting in a failure to fulfill major role obligations at work, school or home.
 - Recurrent substance use in situations in which it is physically hazardous.
 - Recurrent substance-related legal problems.
 - Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.
- According to DSM-IV criteria, diagnosis of *substance dependence* is indicated when three or more of the following occur at any time in the same 12-month period:
 - Tolerance.
 - Withdrawal.
 - Substance is often taken in greater amounts or over a longer period than intended.
 - There have been unsuccessful efforts to cut down or control use, despite a persistent desire to do so.
 - A great deal of time is spent in activities necessary to obtain the substance.
 - Important social, occupational or recreational activities are given up or reduced because of substance use.
 - The substance use is continued despite knowledge of having a persistent problem due to the substance.

■ **Who Should be Screened for AOD?**

- While ASAM recommends that all patients be screened for AOD disorders, there are certain clinical situations/populations in which screening is particularly important because of the high risk of AOD disorders or the heightened potential for alcohol or other drug usage to seriously worsen medical conditions. These include:
 - Pregnant women.
 - Trauma injury patients, especially patients who sustained injuries from a car accident.
 - Adolescent patients.
 - Patients with diabetes.
 - Patients with liver disease.
 - Patients with cardiovascular disease.
 - Patients with gastrointestinal system problems.
 - Patients with dementia.
 - Patients with insomnia.
 - Patients with depression or anxiety disorders.
 - Patients with trauma/abuse.
 - Patients with family history of substance abuse.
 - Patients with marked changed in school or job performance.

Treatment of AOD Disorders

- The Center for Substance Abuse Treatment (CSAT) recommends that physicians utilize brief intervention techniques when screening tools reveal mild to moderate substance-related problems or at-risk use is discovered. One positive response to the CAGE, light to moderate alcohol use (e.g., above established cutoff limits), occasional use of marijuana (e.g., five or more lifetime episodes), or questionable use of mood-altering prescription medication may signal mild to moderate abuse.
- If a patient meets criteria for alcohol or substance dependence and/or screens positively on the CAGE, a referral to specialized treatment may be indicated (see below).

■ **Brief Intervention**

- Components of brief intervention:

1. Give feedback about screening results, impairment and risks while clarifying the findings.
2. Inform patient about safe consumption limits and offer advice about change.
3. Assess the patient’s readiness to change (e.g., precontemplation, contemplation, action, maintenance, relapse).
4. Negotiate goals and strategies for change.
5. Arrange for follow-up treatment.

If problem use persists after a brief intervention, discussions between the clinician and patient should serve as a springboard to more in-depth assessment and/or referral to specialized treatment.

■ **Referring Patients to Specialized Treatment**

- HIP care managers are available to help with the assessment of AOD disorders and to connect patients in need of specialized substance abuse treatment with appropriate care. **Care managers can be reached by calling 1-888-447-2526.** Care managers may be called by the physician or the patient.
- Specialized treatment typically involves psychosocial and/or pharmacological interventions.
- Specialized care occurs in a variety of settings. This chart, adapted from CSAT, is arranged from most to least intensive:

Setting	Characteristics	Appropriate For
Inpatient Hospitalization	<ul style="list-style-type: none"> • Around-the-clock treatment and supervision from multidisciplinary staff. • Medical management of detoxification or other medical/psychiatric crises. 	<i>Patients with:</i> <ul style="list-style-type: none"> • Severe overdoses. • Severe withdrawal symptoms complicated by multiple drugs or DTs. • Acute or chronic medical conditions that could complicate withdrawal. • Danger to self or others. • History of nonresponse to less intensive settings.

(continued)

Setting	Characteristics	Appropriate For
Residential	<ul style="list-style-type: none"> • Live-in facility with 24-hour supervision. • Medical monitoring of detoxification. • Some specialize in adolescents or pregnant or postpartum women, etc. 	<i>Patients who:</i> <ul style="list-style-type: none"> • Are lacking motivation or social support to remain abstinent. • Do not meet criteria for hospitalization. • Do not need management of other medical or psychiatric problems.
Intensive Outpatient	<ul style="list-style-type: none"> • Requires a minimum of nine hours weekly. • Typically three to eight hours per day; five to seven days per week. 	<ul style="list-style-type: none"> • Patients in early stages of treatment. • Patients who do not need full-time supervision. • Patients who have some social support.
Outpatient	<ul style="list-style-type: none"> • Less than nine hours per week. • Once or twice weekly individual, group or family counseling. • May vary from ambulatory methadone maintenance to drug-free approaches. 	<ul style="list-style-type: none"> • Patient should have some appropriate support system, adequate living arrangement, transportation, and considerable motivation to attend and reap benefits.

Special Populations

■ AOD in Children and Adolescents

- Children of alcoholic and drug abusing parents often present in primary care with recurring and vague symptoms, such as fatigue, abdominal pain or musculoskeletal complaints.
- Children of alcoholic and drug abusing parents tend to suffer from accidental injury, verbal abuse, physical abuse or sexual abuse associated with parental drinking or drug use.
- Primary health practitioners can help reduce or prevent alcohol and other drug-related impairment by providing education, identifying effected families and by initiating early intervention.
- It is helpful to routinely assess adolescents for AOD abuse and for risk factors such as family history of substance abuse.
- As appropriate, explore the attitude of the family toward alcohol use and provide basic education appropriate to the age and development of the child/adolescent.

■ *AOD in the Elderly*

- AOD use is prevalent in the elderly population.
- Elderly people have less tolerance for alcohol because of physical changes including:
 1. A fall in ratio of body water to fat (there is less water in which to dilute the alcohol).
 2. Decreased hepatic blood flow (liver receives more damage).
 3. Inefficiency of liver enzymes (alcohol is not broken down as efficiently).
 4. Altered responsiveness of the brain (alcohol has a faster effect on the brain).
- Elderly drivers are much more likely to be involved in an automobile accident after consuming even a small amount of alcohol.
- Alcohol and other drugs may interact with prescription medication causing a potentially dangerous situation.

■ *AOD in Smokers*

- Almost half of all smokers in the United States have a behavioral health condition, including major depression, anxiety or alcohol and other drug dependence.
- Given the prevalence of smoking and behavioral health conditions, it may be prudent to screen all smokers for mental illness.
- The rate of smoking among patients with schizophrenia is almost 90 percent.
- Nicotine may lower the blood levels of antipsychotic medication by increasing excretion by the kidneys, often requiring patients with schizophrenia who smoke to need higher medication dosages.
- Otherwise “mentally healthy” teenagers who smoke face an increased risk of developing depression, panic attacks and phobias.
- For patients with a current or past history of depression, withdrawal of nicotine may prompt dysphoric mood and even depression relapse.

■ *HIP’s Free & Clear Quit Smoking Program*

- The program provides:
 - A comprehensive smoking cessation kit mailed directly to the member’s home.
 - Six support phone calls from a smoking cessation specialist.
 - Nicotine patch and Zyban® reimbursement.
- To enroll in the program, HIP members should call 1-800-292-2336.

ATTENTION - DEFICIT HYPERACTIVITY DISORDER (ADHD)

Clinical Overview: Attention-Deficit Hyperactivity Disorder

- The prevalence of attention-deficit hyperactivity disorder (ADHD) is estimated to be from three to 18 percent.
- It is recommended that validated ADHD assessment tools be used in diagnosing ADHD (the Conners scale or DSM IV criteria).
- Due to highly prevalent comorbid conditions, a diagnosis of ADHD should also include an assessment for behavioral, depressive, anxiety and learning disorders.
- An ADHD diagnosis requires impairment in more than one setting, so gather information from several sources.
- Education is a critical component of ADHD treatment.
- Stimulant medication therapy is the most effective way of treating ADHD. These medications include Ritalin, Dexedrine and the longer-acting Concerta.

Clinical Snapshot: ADHD

- Brief “snapshot” of ADHD patient’s presentation:
 - Difficulty focusing attention.
 - Hyperactivity, fidgety.
 - Talks excessively.
 - Impairments in more than one setting (e.g., school and home).
 - Behavioral problems.
 - Injuries related to risky and/or impulsive behavior.
 - Disorganized, has difficulty following directions, forgetful.
 - School and/or work problems.
 - Symptom onset before age 7.